

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

511  
AUG 19 2004

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>17083</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>DOUGLAS J COX</b> P.O. Box, Bldg., Room No., if any <b>APT. 1012</b> Street <b>14 EAST 28th ST.</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10016 7408</b>	4. Name, file number, and address of labor organization. Name <b>UNITED SCENIC ARTISTS, LOCAL 829</b> Labor Organization File Number <b>046 022</b> P.O. Box, Building and Room Number, if any <b>15TH F.</b> Street <b>29 WEST 38th ST.</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10013</b>
5. Position in labor organization. <b>LIGHTING DESIGN TRUSTEE - EASTERN REGION</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name <b>LEAGUE OF AMERICAN THEATERS AND PRODUCERS</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>220 W. 47th ST.</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10036</b>	7.a. Nature of Interest, Transaction, or Income. <b>I AM ELIGIBLE TO VOTE IN THE ANTOINETTE PERRY AWARDS AND IN ORDER TO DO SO I RECEIVE TICKETS TO BROADWAY SHOWS. CONTRACTS FOR THESE SHOWS ARE HANDLED BY THIS LOCAL UNION. THESE TICKETS HAVE NO STATED FACE VALUE.</b> 7.b. Amount. <b>THE TICKETS HAVE NO STATED FACE VALUE.</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Douglas J. Cox*

On

**8/12/04**  
Date

**212-683-4113**  
Telephone Number

Name of Person Filing <b>Douglas J. Cox</b>		File Number U-
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>		
<b>8. Name and address of Business (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		<b>9. Business deals with:</b>  a. Labor Organization  b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		<b>11.a. Nature of such dealing.</b>  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b>  <b>12.b. Amount.</b>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer</b> or Consultant ?	<b>14.b. Amount of payment.</b>